

**GOVERNOR'S OFFICE OF EMERGENCY SERVICES
CALIFORNIA SPECIALIZED TRAINING INSTITUTE**

POST OFFICE BOX 8123 • SAN LUIS OBISPO, CA 93403

EMER MGMT/CRIMINAL JUSTICE
(805) 549-3536
FAX: (805) 549-3348

SPECIALIZED PROGRAMS
(805) 549-3343 FEMA: (805) 549-3671
FAX: (805) 543-0554

HAZARDOUS MATERIALS
(805) 549-3344
FAX: (805) 549-3555

APPLICATION FOR ENROLLMENT
(This form may be reproduced locally)

COURSE TITLE: _____

DATE OF COURSE: 1st Choice: _____ 2nd Choice: _____

FULL NAME: _____ **S.S.N.:** _____

RANK/TITLE/POSITION: _____ **AGENCY:** _____

SEND CONFIRMATION ATTN: _____

BUSINESS ADDRESS: _____
(Street, P.O. Box) (City and State) (Zip Code)

HOME ADDRESS: _____
(Street, P.O. Box) (City and State) (Zip Code)

BUSINESS PHONE: _____ **HOME PHONE:** _____ **FAX #:** _____

**DESCRIBE APPLICANT'S PROFESSIONAL EXPERIENCE, YEARS OF EXPERIENCE AND CURRENT POSITION.
THIS INFORMATION IS VITAL FOR PROPER ROLEPLAYING ASSIGNMENT IN EMERGENCY MANAGEMENT COURSES.**

Are you a CSTI Certified Instructor? ☐ Yes ☐ No

Applicant's Supervisor/Training Officer (Signature) (Date)

(Applicant's Signature) (Date)

(Printed/typed name/Title of applicant's supervisor)

PLEASE CIRCLE THE ITEM WHICH MOST CLOSELY DESCRIBES YOUR PROFESSION:

- | | | | | |
|----------------------|-----------------------|---------------------------|------------------------|----------------------|
| 1. Police | 7. City/County Admin. | 13. Parks & Recreation | 19. OES, City/Co/State | 25. City (Other) |
| 2. Sheriff | 8. Finance | 14. Legal | 20. Volunteer Agencies | 26. County (Other) |
| 3. Fire | 9. Planning | 15. University | 21. Schools | 27. State (Other) |
| 4. Highway Patrol | 10. CDF/County Fire | 16. Health, City/Co/State | 22. Community Services | 28. Transportation |
| 5. Military | 11. PIO | 17. Medical, Hosp/Dr/RN | 23. Other | 29. Federal Agencies |
| 6. University Police | 12. Public Works | 18. Private Industry | 24. University (Other) | 30. Airport |

PLEASE ADVISE C.S.T.I. IF YOU HAVE A DISABILITY WHICH SHOULD BE CONSIDERED WHEN MAKING SEATING ASSIGNMENTS, OR SPECIAL DIETARY NEEDS: _____

EMERGENCY NOTIFICATION:

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____ **PHONE NO:** _____

How did you hear about this course?

FOR CSTI USE ONLY

Grant: ☐ Yes ☐ No
Per Diem: ☐ Yes ☐ No
(Type) SARA HMEP RAPID
LEPC Region: _____
Grant: _____
Per Diem: _____

FOR ACCOUNTANT ONLY:

PAID \$ _____
CK # _____
RC # _____
RD # _____